

CONGRESSMAN LANE EVANS

Congressional Intern Application

This application must be completed in full to be considered for an interview.

Full Name: _____

Permanent Address: _____

City: _____

State: _____ Zip Code _____

Telephone: _____

College: _____

College Address: _____

College Intern Coordinator: _____

College Phone: _____

Major: _____ Minor: _____

Overall GPA: _____ GPA in Major: _____

List any past work experiences and extracurricular activities:

Do you have transportation available to you during the internship period? _____

Please note your availability from 8:00 a.m. - 4:30 p.m.:

MONDAY _____

TUESDAY _____

WEDNESDAY _____

THURSDAY _____

FRIDAY _____

Date available: _____

How many weeks are required to complete your internship: _____

How many hours are you required to complete: _____

Graduation date: _____

Which office would you prefer to complete your internship in (please circle):

Moline Washington Galesburg

Do you type: _____yes _____no Words per minute: _____

Have you ever used a word processor or a computer: _____

If so, what Model? _____

OFFICE USE ONLY: IC _____ ID _____

AOI _____

Accepted _____

DBO _____ DBI _____

Reasons: _____

CONF _____ EVAL _____ PPR _____